Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 1 of 58

Fill in this information to identify your c	ase:		
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS			
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is a amended filing	n

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name			
Write the name government-iss identification (fo	ued picture	David First Name	Stephanie First Name
your driver's lice passport).	• •	Errol Middle Name	Marie Middle Name
Bring your pictu	re	Hough Last Name	Hough Last Name
identification to with the trustee.	your meeting	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2. All other name have used in the years	-	First Name	First Name
Include your ma	ırried or	Middle Name	Middle Name
maiden names.		Last Name	Last Name
3. Only the last 4 your Social Se	•	xxx - xx - <u>7</u> <u>0</u> <u>6</u> <u>9</u>	xxx - xx - <u>1</u> <u>6</u> <u>2</u> <u>7</u>
number or fede Individual Taxp		OR	OR
Identification n	-	9xx - xx	9xx - xx

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 2 of 58

Del	otor 1 David First Name	Errol Middle N	Hou lame Last	igh Name		Case nu	umber (if knowr	n)		
		Al	bout Debtor 1:			Ab	out Debtor 2 (Spouse Onl	y in a Joint Case	e):
4.	Any business nar and Employer	<u> </u>	I have not used	any busii	ness names or EIN	Ns. 🔽	I have not us	sed any busii	ness names or El	Ns.
	Identification Nur (EIN) you have us the last 8 years	- -	usiness name			Bus	siness name			_
	Include trade name	es and	usiness name			Bus	siness name			_
	doing business as	namesBu	usiness name			Bus	siness name			_
		EII	<u> </u>			EIN	-			
		EII	<u> </u>			EIN	-			
5.	Where you live					If C	Debtor 2 lives	at a differen	t address:	
		10	1040 Alder Lane				40 Alder Lan	ie		
		Nu	umber Street			Nui	mber Street			_
		N:	aperville	IL	60540	– — Na	perville	IL	60540	_
		Cit	ty	State	ZIP Code	City		State	ZIP Code	_
			u Page ounty				u Page unty			_
		cc m: <u>1(</u>	e one above, fill it burt will send any no ailing address.			will add	I send any notion dress. 40 Alder Lan	ces to you at	te that the court this mailing	_
		NU	Number Street				Number Street			
		P.	O. Box			P.C	D. Box			_
			aperville	IL	60540		perville	IL On the	60540	_
		Cit	ty	State	ZIP Code	City	/	State	ZIP Code	
6.	Why you are choo	•	heck one:			Ch	neck one:			
	bankruptcy	₹		ived in th	efore filing this is district longer	abla		ve lived in th	efore filing this is district longer	
			I have another reason. Explain. (See 28 U.S.C. § 1408.)				I have another reason. Explain. (See 28 U.S.C. § 1408.)			
Р	art 2: Tell the	e Court About	Your Bankrupt	cy Cas	e					
7.	The chapter of the	o Chr	ook one: (Ear a brid	f deserie	tion of agabases N	vlotico Pa	nauirod by 11 I	15 C \$ 242/	h) for Individuals	Eiling
۲.	Bankruptcy Code		Check one: (For a brief description of each, see Notic for Bankruptcy (Form 2010)). Also, go to the top of pa							rillig
	are choosing to fi under	le ☑	Chapter 7							
			Chapter 11							
		п	Chapter 12							
			Chapter 13							

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 3 of 58

Deb	otor 1 David	Errol	Hough	Case number ((if known)		
	First Name	Middle Name	Last Name		`		
8.	How you will pay the fee	cour pay beha	I pay the entire fee when I file my pe t for more details about how you may p with cash, cashier's check, or money c alf, your attorney may pay with a credit ed to pay the fee in installments. If y	pay. Typically, if yorder. If your attor card or check wit	you are pay rney is subr h a pre-prin	ing the fee your nitting your pay ted address.	self, you may ment on your
			riduals to Pay Your Filing Fee in Instal		-	and attach the 7	ppilodilon for
		By la than fee i	quest that my fee be waived (You make aw, a judge may, but is not required to, 150% of the official poverty line that an installments). If you choose this opting Fee Waived (Official Form 103B) and	, waive your fee, a applies to your fan ion, you must fill d	and may do nily size and out the Appl	so only if your i	ncome is less e to pay the
9.	Have you filed for	□ No					
	bankruptcy within the last 8 years?	✓ Yes.					
		District _		When	DD / YYYY	Case number	
		District 1	Northern District of Illinois	When 11/1	4/2005 DD / YYYY	Case number	05-55724
		District _		When	DD / YYYY	Case number	
10.	Are any bankruptcy cases pending or being	☑ No					
	filed by a spouse who is	☐ Yes.					
	not filing this case with you, or by a business	Debtor _			Relationsh	ip to you	
	partner, or by an affiliate?	District _		When		Case number,	
		Debtor			Relationsh	ip to you	
		District _		When		Case number,	
11.	Do you rent your residence?	☑ No. ☐ Yes.	Go to line 12. Has your landlord obtained an evict residence? No. Go to line 12. Yes. Fill out Initial Statement A		·	·	

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 4 of 58

Deb	otor 1	David First Name	Errol Middle N	lame	Hough Last Name	Ca	se number (if known)	
Pa	art 3:	•			sses You Own as a	a Sole Propriet	or	
12.	-	u a sole proprietor full- or part-time ss?			Go to Part 4. Name and location of b	usiness		
	busines individu separat	oroprietorship is a ss you operate as an ial, and is not a de legal entity such as ration, partnership, or			Name of business, if any Number Street			
	If you h	ave more than one oprietorship, use a e sheet and attach it			City Check the appropriate	box to describe yo	State	ZIP Code
	to this p	petition.			Health Care Busi Single Asset Rea Stockbroker (as of	ness (as defined in I Estate (as defined lefined in 11 U.S.C er (as defined in 11	11 U.S.C. § 101(27A)) d in 11 U.S.C. § 101(51B . § 101(53A))	3))
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business		<i>can</i> mos	set ap	opropriate deadlines. If you	ou indicate that you indicate that you ent of operations, or	ou are a small business o	all business debtor so that it debtor, you must attach your d federal income tax return 1116(1)(B).
	debtor	debtor? For a definition of small business debtor, see		No.	I am not filing under C	napter 11.		
				No.	I am filing under Chap the Bankruptcy Code.	ter 11, but I am NO	T a small business debt	or according to the definition in
		C. § 101(51D).		Yes.	I am filing under Chap Bankruptcy Code.	ter 11 and I am a si	mall business debtor acc	cording to the definition in the
Pa	art 4:	Report If You (Own or	· Hav	e Any Hazardous I	Property or Any	y Property That Ne	eds Immediate Attention
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable			No Yes.	What is the hazard?			
	safety? any pro	to public health or Or do you own operty that needs iate attention?			If immediate attention	is needed, why is it	needed?	
	For exa perisha livestoc a buildi repairs			Where is the property?	Number Street			
	. opano							
						City		State ZIP Code

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 5 of 58

Debtor 1 David Errol Hough Case number (if known) Last Name

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. You must check one:

☑ I received a briefing from an approved credit
counseling agency within the 180 days before I
filed this bankruptcy petition, and I received a
certificate of completion.

About Debtor 1:

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing a	bou
credit counseling because of:	

I have a mental illness or a mental deficiency that makes me incapable of realizing or making

rational decisions about finances.

reasonably tried to do so.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

through the internet, even after I

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

reasonably tried to do so.

Active duty. I am currently on active military

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 6 of 58

Deb	otor 1	David	Errol	Hough		Case number (if	know	n)
		First Name	Middle N	ame Last Name				
P	art 6:	Answer These	Quest	ions for Reporting I	Purpos	ses		
16.	What ki	ind of debts do you	16a.		vidual pr b.	sumer debts? Consumer de imarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."
			16b.		or invest ic.	iness debts? Business deb ment or through the operation		debts that you incurred to obtain e business or investment.
			16c.	State the type of debts	you owe	e that are not consumer or bu	sines	s debts.
17. Are you filing under Chapter 7?				No. I am not filing und	der Chap	ter 7. Go to line 18.		
	Do you estimate that after any exempt property is		\square	•		•	-	xempt property is excluded and to distribute to unsecured creditors?
	exclude adminis	ed and strative expenses		☑ No				
	availab	d that funds will be le for distribution ecured creditors?		Yes				
18.		any creditors do	Ø	1-49 50-99	무	1,000-5,000 5,001-10,000		25,001-50,000 50,001-100,000
	owe?	•		100-199 200-999		10,001-25,000		More than 100,000
19.		uch do you te your assets to		\$0-\$50,000 \$50,001-\$100,000		\$1,000,001-\$10 million \$10,000,001-\$50 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion
	be wor	uir		\$100,001-\$500,000 \$500,001-\$1 million		\$50,000,001-\$100 million \$100,000,001-\$500 million		\$10,000,000,001-\$50 billion More than \$50 billion
20.		uch do you te your liabilities to		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 7 of 58

Debtor 1	David	Errol	Hough	Case number (if known)					
	First Name	Middle Name	Last Name						
Part 7:	Sign Below								
For you		I have exami and correct.	ned this petition, and I de	eclare under penalty of perjury that the information provided is true					
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.							
		•	If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						
		I request relie	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.						
		connection w	-	t, concealing property, or obtaining money or property by fraud in n result in fines up to \$250,000, or imprisonment for up to 20 years, 9, and 3571.					
		X /s/ David	d Errol Hough	X /s/ Stephanie Marie Hough					
		David Err	ol Hough, Debtor 1	Stephanie Marie Hough, Debtor 2					
		Executed	on 04/21/2016	Executed on 04/21/2016					
			MM / DD / YYYY	MM / DD / YYYY					

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 8 of 58

Debtor 1	David	Errol	Hough	Case number (if know	n)	
	First Name	Middle Name	Last Name		,	_
For your a represente	nttorney, if you are ed by one	eligibility to prelief availab	proceed under Chapter 7, 1 le under each chapter for	which the person is eligible. I also	ates Code, and have explained the o certify that I have delivered to	
If you are not represented by an attorney, you do not need to file this page.		` '	• •	U.S.C. § 342(b) and, in a case in in inquiry that the information in the	which § 707(b)(4)(D) applies, se schedules filed with the petition	
			les Wm. Dobra e of Attorney for Debtor	Date	04/21/2016 MM / DD / YYYY	
			Wm. Dobra			
			Wm. Dobra, Esq			
		Firm Nam Charles Number	Wm. Dobra, Ltd. Street			_
		Suite 10				
		<u>675 E. Ir</u>	ving Park Rd. #100			_
		Roselle		<u>IL</u>	60172	
		City		State	ZIP Code	
		Contact p	phone (630) 893-2494	Email address Justic	e@DobraLawFirm.com	_
		0064703	19	II		

State

Bar number

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 9 of 58

Fill in this	information to id	lentify your case	and this filing:		
Debtor 1	David	Errol	Hough		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if fi	Stephanie First Name	Marie Middle Name	Hough Last Name		
United States	s Bankruptcy Court for	the: NORTHERN D	DISTRICT OF ILLINOIS		
Case numbe (if known)	r				if this is an ed filing
Official Fo	orm 106A/B				
Schedule	A/B: Property	1			12/15
Part 1:	form. On the top of ar	ny additional pages, esidence, Buildir	ing correct information. If more write your name and case numng, Land, or Other Real Estimatory residence, building, lan	state You Own or Have	ry question.
<u> </u>	. Where is the property	y ?			
	•	•	of your entries from Part 1, inc rite that number here	_	\$0.00
Part 2:	Describe Your Ve	ehi <u>cles</u>			
		•	n any vehicles, whether they ar also report it on Schedule G: Exe	_	-
3. Cars, var	ns, trucks, tractors, s	port utility vehicles,	motorcycles		
□ No ☑ Yes					
3.1. Make: Model: Year: Approximate n Other informat		Check one Debto	an interest in the property? e. or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and another	Do not deduct secured clair amount of any secured clair Creditors Who Have Claim. Current value of the entire property? \$13,982.00	ms on Schedule D:
2010 Chrysle 2C3CA2CV3 through Gei	er 300S (VIN; sAH262299) Insuran co; policy number: s,668 miles; good co	nce (see i 4291-	k if this is community property instructions)		
			recreational vehicles, other vel ft, fishing vessels, snowmobiles, r		
✓ No ☐ Yes					
	-	•	of your entries from Part 2, inc		\$13,982.00

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 10 of 58

Del	otor 1	David First Name	Errol Middle Name	Hough Last Name	Case number (if known)	
Р	art 3:	1		d Household Items	;	
Do	you own	or have any le	egal or equitable intere	est in any of the follow	ring items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.		old goods and es: Major appli	d furnishings ances, furniture, linens,	, china, kitchenware		
	□ No ☑ Yes		One ordinary lot of dvd, etc	misc. furnishings, ι	used appliances, household goods, tv,	\$500.00
7.	Electro Example	es: Televisions			quipment; computers, printers, scanners; s, cameras, media players, games	
	✓ No ☐ Yes	. Describe				
8.		•		•	books, pictures, or other art objects; s, memorabilia, collectibles	
	□ No ✓ Yes	. Describe	15 statues and 5 m	ovies.		\$200.00
9.					nt; bicycles, pool tables, golf clubs, skis;	
	✓ No ☐ Yes	. Describe				
10.	Firearm Example		es, shotguns, ammunitio	on, and related equipme	ent	
	✓ No ☐ Yes	. Describe				
11.	•		lothes, furs, leather coa	ats, designer wear, shoe	es, accessories	
	☐ No ✓ Yes	. Describe	One ordinary lot of	clothing suitable fo	r employed adult persons.	\$650.00
12.	Jewelry Example		ewelry, costume jewelry	, engagement rings, we	dding rings, heirloom jewelry, watches, gems,	
	□ No ✓ Yes	. Describe	1 engagement ring	and 2 wedding ring	s	\$300.00
13.		m animals es: Dogs, cats,	, birds, horses			
	✓ No ☐ Yes	. Describe				
14.	did not	-	nd household items ye	ou did not already list,	including any health aids you	
		. Give specific				
15.			of all of your entries fro	om Part 3, including a	ny entries for pages you have	\$1,650.00

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 11 of 58

Deb	tor 1	David First Name	Errol Middle N	lomo	Hough Last Name	Case number (if known)	
D	art 4:	Describe Y					
					any of the follo	wing?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Exampl	es: Money you h	have in your w	<i>r</i> allet, in your h	nome, in a safe d	eposit box, and on hand when you file your	
	✓ No ☐ Yes	S				Cash:	
17.	-	-	ouses, and ot			es of deposit; shares in credit unions, nave multiple accounts with the same	
	□ No ✓ Yes	S		Institution na	me:		
	17	.1. Checking a	account:	Checking a 00000071	•	e Bank; account #:	\$704.81
	17	.2. Checking	account:	Checking a	account (US B	ank; account #: 1 99375344728)	\$2,100.00
	17	.3. Checking	account:	Checking a	account (US B	ank; account #: 1 99380475863)	\$388.49
	17	.4. Savings a	ccount:	Savings ac	count (US Bai	nk; account #: 2 99383125927)	\$35.00
18.	Example No	mutual funds, des: Bond funds,	, investment a	ccounts with b	•	money market accounts	
19.	-	blicly traded strest in an LLC, p				ncorporated businesses, including	
	info	s. Give specific rmation about m	Name of	entity:		% of ownership:	
20.	Negotia	ble instruments	include perso	nal checks, ca	ashiers' checks, p	negotiable instruments bromissory notes, and money orders. he by signing or delivering them.	
	info	s. Give specific rmation about m	Issuer na	ame:			
21.		nent or pension les: Interests in I profit-sharin	IRA, ERISA, Ł	(eogh, 401(k),	403(b), thrift sav	rings accounts, or other pension or	
		s. List each ount separately.	Type of ac	count: li	nstitution name:		

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 12 of 58

Deb	tor 1	David First Name	Errol Middle Name	Hough Last Name	Case number (if known)	
22.	Your s		posits you have m	•	nue service or use from a company tric, gas, water), telecommunications	
		0				
	▼ Ye	es		Institution name or individ	dual:	
		Security dep	osit on rental unit:	Hudai Dirilton-Land L	ord	\$3,800.00
23.	☑ No))			either for life or for a number of years)	
	_	es				
24.	26 U.S	S.C. §§ 530(b)(1), 529			gram, or under a qualified state tuition pi	ogram.
	✓ No		Institution name a	and description. Separatel	y file the records of any interests. 11 U.S.C	:. § 521(c)
25.	Trusts		interests in prop		listed in line 1), and rights or	. 3 02 1(0)
	✓ No	-				
	Ye	es. Give specific formation about them				
26.				rets, and other intellectual proceeds from royalties ar		
		o es. Give specific formation about them				
27.	Licens	ses, franchises, and	other general int	•	n holdings, liquor licenses, professional lice	2000
	Lxam,	•	s, exclusive licerise	es, cooperative association	i fiolidings, liquol licenses, professional licel	1565
	☐ Ye	es. Give specific formation about them				
Mor	ney or p	property owed to you	u?			Current value of the
						portion you own? Do not deduct secured claims or exemptions.
28.	Tax re	funds owed to you				
	☑ No	0				
		es. Give specific info			Federa	al: \$0.00
		oout them, including wou already filed the ret			State:	\$0.00
	•	nd the tax years			Local:	\$0.00
29.	-	y support	n sum alimony so	ousal support child suppo	rt, maintenance, divorce settlement, proper	ty sattlement
	No.		p dam amnony, op	ousur support, orma suppo	nt, maintenance, divorce settlement, proper	ty dollarmonic
	ت ا	es. Give specific info	rmation		Alimony:	\$0.00
					Maintenance:	\$0.00
					Support:	\$0.00
					Divorce settlemen	t: \$0.00
					Property settlemen	nt: \$0.00

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 13 of 58

Debt		Errol	Hough	Case number (if known)	
	First Name	Middle Name	Last Name		
		ges, disability insuranc	e payments, disability be nefits; unpaid loans you	enefits, sick pay, vacation pay, workers' made to someone else	
	✓ No✓ Yes. Give specific	c information			
		•	; health savings accoun	t (HSA); credit, homeowner's, or renter's insu	urance
	Yes. Name the incompany of each pand list its value	policy	ame:	Beneficiary:	Surrender or refund value:
	If you are the beneficia	rty that is due you fro	m someone who has d	•	
	✓ No Yes. Give specific	cinformation			
	Examples: Accidents,		ot you have filed a laws insurance claims, or righ	uit or made a demand for payment nts to sue	
	✓ No✓ Yes. Describe each	ch claim			
	Other contingent and rights to set off claim	-	of every nature, includi	ng counterclaims of the debtor and	
	✓ No Yes. Describe each	ch claim			
35.	Any financial assets	you did not already lis	st		
	✓ No ☐ Yes. Give specific	cinformation			
				ny entries for pages you have	\$7,028.30
Pa	rt 5: Describe A	nv Business-Rela	ted Property You C	own or Have an Interest In. List ar	v real estate in Part 1.
		•			,
37.		any legal or equitable	interest in any busines	ss-related property?	
	No. Go to Part 6.	.			
	Yes. Go to line 38).			
					Current value of the portion you own? Do not deduct secured
38.	Accounts receivable	or commissions you	already earned		claims or exemptions.
	✓ No Yes. Describe				
	Examples: Business-r	rnishings, and supplier related computers, softwirs, electronic devices		copiers, fax machines, rugs, telephones,	
	☐ No ✓ Yes. Describe 1	1 desk, 2 chairs and	l 3 cabinets		\$50.00
40.	Machinery, fixtures, e	equipment, supplies y	ou use in business, an	d tools of your trade	
	✓ No Yes. Describe				

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 14 of 58

Deb	_	David	Errol	Hough	Case number (if known)	
		First Name	Middle Name	Last Name		
41.	Inventor	y				
	✓ No ☐ Yes.	Describe				
42.	Interests	in partnerships	or joint ventures			
	✓ No ☐ Yes.	Describe Na	me of entity:		% of ownership:	
43.	_		sts, or other comp	ilations		
	☑ No ☐ Yes.	Do your lists in No		lentifiable information	(as defined in 11 U.S.C. § 101(41A))?	
44.	Any bus	ness-related pro	perty you did not a	already list		
	✓ No ☐ Yes.	Give specific info	ormation.			
45.					y entries for pages you have	\$50.00
	attacned	for Part 5. Write	that number here		→	
Pa				mercial Fishing-Re	elated Property You Own or Have a art 1.	n Interest In.
		-				
46.	Do you o	wn or have any	legal or equitable i	nterest in any farm- or	commercial fishing-related property?	
		Go to Part 7. Go to line 47.				
47	Farm ani	male				Current value of the portion you own? Do not deduct secured claims or exemptions.
41.			ltry, farm-raised fish			
	✓ No ☐ Yes					
48.	Cropse	ither growing or	harvested			
	_	Give specific mation				
49.	Farm and	d fishing equipm	ent, implements, m	nachinery, fixtures, and	I tools of trade	
	✓ No ☐ Yes					
50.	Farm and	d fishing supplie	s, chemicals, and f	feed		
	✓ No ☐ Yes					
51.	Any farm	n- and commerci	al fishing-related p	roperty you did not alre	eady list	
	_	Give specific mation				
52.				_	y entries for pages you have	\$0.00

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 15 of 58

Deb	otor 1	David First Name	Errol Middle Name	Hough Last Name	Case nu	umber (if known)		
Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above								
53.	•	•	roperty of any kind yo kets, country club men	•	it?			
	✓ No	o es. Give specific	o information.					
54.	Add th	ne dollar value c	of all of your entries f	from Part 7. Write th	at number here			\$0.00
P	art 8:	List the Tota	als of Each Part o	of this Form				
55.	Part 1:	: Total real esta	ite, line 2			→		\$0.00
56.	Part 2:	: Total vehicles,	, line 5		\$13,982.00			
57.	Part 3:	: Total personal	and household item	ıs, line 15	\$1,650.00			
58.	Part 4:	: Total financial	l assets, line 36		\$7,028.30			
59.	Part 5:	: Total business	s-related property, lin	ne 45	\$50.00			
60.	Part 6:	: Total farm- and	nd fishing-related prop	perty, line 52	\$0.00			
61.	Part 7:	: Total other pro	operty not listed, line	54 .	+\$0.00			
62.	Total p	personal proper	rty. Add lines 56 thro	ough 61	\$22,710.30	Copy personal property total	+	\$22,710.30
63.	Total c	of all property o	on Schedule A/B. A	Add line 55 + line 62				\$22,710.30

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 16 of 58

Official Form 106C

Schedule C: The Property You Claim as Exempt

Are you claiming a homestead exemption of more than \$160,375?

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Cla	nim as Exempt			
 Which set of exemptions are you claiming? ✓ You are claiming state and federal nonban ✓ You are claiming federal exemptions. 11 U For any property you list on Schedule A/B th 	kruptcy exemptions. J.S.C. § 522(b)(2)	2 (,,,,		
Brief description of the property and line on Schedule A/B that lists this property	Current value of Amount of the the portion you exemption you claim own		Specific laws that allow exemption	
	Copy the value from Schedule A/B	Check only one box for each exemption		
Brief description: 2010 Chrysler 300S (VIN; 2C3CA2CV3AH262299) Insurance through Geico; policy number: 4291-38-54-27; 56,668 miles; good condition Line from Schedule A/B:3.1	\$13,982.00	\$0.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c)	
Brief description: One ordinary lot of misc. furnishings, used appliances, household goods, tv, dvd, etc Line from Schedule A/B:6	\$500.00	\$500.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)	

□ No Yes

 \square

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 17 of 58

Debtor 1 David Errol Hough Case number (if known) First Name Middle Name Last Name Part 2: **Additional Page** Brief description of the property and line on **Current value of** Amount of the Specific laws that allow exemption Schedule A/B that lists this property exemption you claim the portion you own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$650.00 \$650.00 735 ILCS 5/12-1001(a), (e) $\overline{\mathbf{Q}}$ One ordinary lot of clothing suitable for 100% of fair market employed adult persons. value, up to any applicable statutory Line from Schedule A/B: 11 limit Brief description: 735 ILCS 5/12-1001(b) \$300.00 \$300.00 \checkmark 1 engagement ring and 2 wedding rings 100% of fair market value, up to any Line from Schedule A/B: 12 applicable statutory limit Brief description: \$704.81 \$704.81 735 ILCS 5/12-1001(b) $\overline{\mathbf{Q}}$ Checking account (Chase Bank; account #: 100% of fair market 0000000710135505). value, up to any applicable statutory Line from Schedule A/B: 17.1 limit \$2,100.00 \$2,100.00 Brief description: 735 ILCS 5/12-1001(b) $\overline{\mathbf{Q}}$ Checking account (US Bank; account #: 1 100% of fair market 99375344728) value, up to any applicable statutory Line from Schedule A/B: 17.2 limit Brief description: \$388.49 \$388.49 735 ILCS 5/12-1001(b) $\overline{\mathbf{A}}$ Checking account (US Bank; account #: 1 100% of fair market 99380475863) value, up to any applicable statutory Line from Schedule A/B: 17.3 limit Brief description: \$35.00 735 ILCS 5/12-1001(b) \$35.00 $\overline{\mathbf{V}}$ Savings account (US Bank; account #: 2 100% of fair market 99383125927) value, up to any applicable statutory Line from Schedule A/B: 17.4 limit Brief description: \$3,800.00 \$3,800.00 735 ILCS 5/12-1001(b) $oldsymbol{
abla}$ **Hudai Dirilton-Land Lord** 100% of fair market value, up to any Line from Schedule A/B: 22 applicable statutory limit

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 18 of 58

Debtor 1	David	Errol	Hough			
	First Name	Middle Name	Last Name			
Debtor 2	Stephanie	Marie	Hough			
(Spouse, if filing)		Middle Name	Last Name			
United States Bar	nkruptcy Court for	the: NORTHERN D	ISTRICT OF ILLIN	iois		
Case number					Charlett this is	
(if known)					Check if this is amended filing	
Official Form	106D					
Schedule D:	Creditors \	Who Have Cla	ims Secured	by Property		12/15
Correct information On the top of any a	n. If more space additional pages,		Additional Page, fi d case number (if k	together, both are equal Il it out, number the entr nown).		
	ck this box and su in all of the inform		court with your other	schedules. You have not	hing else to report on th	is form.
Part 1: List	t All Secured	Claims				
claim, list the c creditor has a p	creditor separately particular claim, li ble, list the claims	editor has more than or for each claim. If most the other creditors is in alphabetical order	ore than one in Part 2. As	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		Describe the secures the	property that claim:	\$17,933.57	\$13,982.00	\$3,951.57
Capital One Auto	Finance	2010 Chrys	ler 300S (VIN;			
P. O. Box 60511		2C3CA2CV	3AH262299) Insu	ra		
Number Street						
	CA 04746 (Continge	nt	n is: Check all that apply.		
City of Industry	CA 91716-0)511 \square Unliquida	ited			
City of Industry	State ZIP Code	☐ Disputed				
		Disputed	n Check all that an	nlv		
City		Nature of lie	n. Check all that ap	• •	d car loan)	
City Who owes the deb Debtor 1 only Debtor 2 only	t? Check one.	Nature of lie ☐ An agree	•	h as mortgage or secured	d car loan)	
Who owes the deb Debtor 1 only Debtor 2 only Debtor 1 and Debtor 1	t? Check one.	Nature of lied An agree Statutory Judgmen	ment you made (suc	h as mortgage or secured	d car loan)	
Who owes the deb Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the	ebtor 2 only	Nature of lied An agree Statutory Judgmen ✓ Other (ind	ment you made (suc lien (such as tax lien t lien from a lawsuit cluding a right to offs	h as mortgage or secured n, mechanic's lien)	d car Ioan)	
Who owes the deb Debtor 1 only Debtor 2 only Debtor 1 and Debtor 1	ebtor 2 only the debtors and a	Nature of lied An agree Statutory Judgmen ✓ Other (ind	ment you made (suc lien (such as tax lien t lien from a lawsuit	h as mortgage or secured n, mechanic's lien)	d car Ioan)	

Add the dollar value of your entries in Column A on this page. Write that number here:

\$17,933.57

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$17,933.57

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 19 of 58

Fill in this inf	Fill in this information to identify your case:						
Debtor 1	David First Name	Errol Middle Name	Hough Last Name				
Debtor 2	Stephanie	Marie	Hough				
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bar	nkruptcy Court for the						
Case number				П	Check if this is an		
(if known)				Ц	amended filing		

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1.	Do any creditors	have priority	unsecured claims	against you?
----	------------------	---------------	------------------	--------------

No. Go to Part 2.

Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

Total claim Priority Nonpriority amount amount

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 20 of 58

Debtor 1	David First Name	Errol Middle Name	Hough Last Name	Case number (if known)	
Part 2:	List All o	f Your NONPRIOR	ITY Unsecured CI	aims	
3. Do a	ny creditors hav	e nonpriority unsecur	ed claims against you	?	
	No. You have no	othing to report in this pa	art. Submit this form to	the court with you other schedules.	
If a c type	reditor has more of claim it is. Do	than one nonpriority uns not list claims already in	secured claim, list the oncluded in Part 1. If mo	order of the creditor who holds each claim. creditor separately for each claim. For each claim listed ore than one creditor holds a particular claim, list the continuation Page of Part 2.	•
4.1			Last 4 digits of a	ecount number 6 5 7 7	\$24,199.00
	Creditor's Name		When was the de	<u> </u>	
P. O. Box	x 380902 Street			u file, the claim is: Check all that apply.	
			Contingent	a me, and claim for officer an anacappiy.	
			Unliquidated Disputed		
Bloomin	gton	MN 55438-0902	Disputed		
Debto Debto Debto Debto Debto At lea	rred the debt? or 1 only or 2 only or 1 and Debtor 2 ast one of the deb k if this claim is im subject to off	tors and another for a community debt	Student loans Obligations ar	ising out of a separation agreement or divorce of report as priority claims ion or profit-sharing plans, and other similar debts	
2012 Do	dge Ram Pickı	up.			
4.2					\$876.91
Synchro Number	.com Creditor's Name ony Bank Street nkruptcy Dept		Last 4 digits of an When was the de As of the date yo Contingent		
P. O. Bo	x 965060		Unliquidated Disputed		
Debto Debto Debto At lea	or 1 only or 2 only or 1 and Debtor 2 ost one of the deb	tors and another for a community debt	Type of NONPRIO	ising out of a separation agreement or divorce of report as priority claims ion or profit-sharing plans, and other similar debts	
✓ No ☐ Yes	500				

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 21 of 58

Debtor 1	David First Name	Errol Middle Name	Hough Last Name	Case number (if known)	
Part 2:	Your NO	NPRIORITY Unsecu	ıred Claims Con	tinuation Page	
After listing	• •	on this page, number the	em sequentially from t	he	Total claim
4.3					\$0.00
Amazon.	.com		Last 4 digits of acc	count number 4 4 1 8	
	Creditor's Name	nent	When was the deb	t incurred?	
Number	Street			file, the claim is: Check all that apply.	
3100 BIE	eckenridge Blv	ru., Ste 715			
 Duluth		GA 30096	Disputed		
City		State ZIP Code	Type of NONPRIO	RITY unsecured claim:	
	rred the debt? or 1 only	Check one.	Student loans		
	or 2 only			ing out of a separation agreement or divorce report as priority claims	
Debto	or 1 and Debtor 2	•	· ·	on or profit-sharing plans, and other similar debts	
		tors and another			
_	k if this claim is im subject to of	for a community debt	Notice Only		
✓ No	iiii subject to on	361:			
Yes					
4.4					\$0.00
	.com/Synchro	nv Bank	Last 4 digits of acc	count number 4 4 1 8	
Nonpriority (Creditor's Name		When was the deb		
Number	Resolution As Street	ssociates	As of the date you	file, the claim is: Check all that apply.	
9301 Co	rbin Avenue, S	Ste 1600	Contingent		
			Unliquidated Disputed		
Northrid	ge	CA 91324-2508			
City Who incu	rred the debt?	State ZIP Code Check one.		RITY unsecured claim:	
	or 1 only		Student loans Obligations aris	ing out of a separation agreement or divorce	
ш	or 2 only	anh		report as priority claims	
لـــــــ	or 1 and Debtor 2 st one of the deb	offig otors and another	블 ~;;	n or profit-sharing plans, and other similar debts	
_		for a community debt	Other. Specify Notice Only		
	im subject to of		Notice City		
☑ No					
Yes					
4.5					\$1,281.03
Avenue			Last 4 digits of acc	count number 2 7 6 2	
Nonpriority (Creditor's Name v Bank		When was the deb	t incurred? <u>2011</u>	
Number	Street otcy Departmen	n+		file, the claim is: Check all that apply.	
	х 182125				
		OH 42219-2125	Disputed		
Columbu City	us	OH 43218-2125 State ZIP Code	Type of NONPRIO	RITY unsecured claim:	
	rred the debt?	Check one.	Student loans		
ш	or 1 only or 2 only			ing out of a separation agreement or divorce	
Debto	or 1 and Debtor 2	-	•	report as priority claims on or profit-sharing plans, and other similar debts	
—		tors and another	Other. Specify	,	
_		for a community debt	Store accour	t	
Is the clai	im subject to of	rset?			
Yes					

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 22 of 58

Debtor 1	David		rol	Hough Case number (if known)	
	First Name	Mic	ldle Name	Last Name	
Part 2:	Your NO	NPRIORI	TY Unsecur	red Claims Continuation Page	
After listin		on this pag	e, number thei	m sequentially from the	Total claim
4.6					\$916.00
Capital O	ne Bank			Last 4 digits of account number 0 8 4 0	
Nonpriority C	reditor's Name			When was the debt incurred? 2012	
P. O. Box Number	Street			As of the date you file, the claim is: Check all that apply.	
				_ ☐ Contingent	
				Unliquidated	
Salt Lake	City	UT 8	4130-0285	Disputed	
City			IP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? 1 only	Check or	ie.	Student loans	
لت	· 2 only			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Debtor	1 and Debtor 2			Debts to pension or profit-sharing plans, and other similar debts	
ш	st one of the deb			Other. Specify	
ш.	if this claim is		nunity debt	Credit Card	
	m subject to of	fset?			
✓ No ☐ Yes					
4.7					\$1,851.68
Capital O				_ Last 4 digits of account number _ 8 _ 7 _ 0 _ 9	
P. O. Box	reditor's Name			When was the debt incurred? 2014	
Number	Street			As of the date you file, the claim is: Check all that apply.	
				_ Contingent	
				☐ Unliquidated ☐ Disputed	
Salt Lake	City		4130-0285		
City Who incur	red the debt?	State Z Check or	IP Code ie.	Type of NONPRIORITY unsecured claim:	
✓ Debtor				☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
ш	2 only			that you did not report as priority claims	
느 ,,,,,,,	· 1 and Debtor 2 st one of the deb		other	☐ Debts to pension or profit-sharing plans, and other similar debts	
ш	if this claim is			Other. Specify	
_	m subject to of		mainty debt	Credit Card	
₩ No	iii subject to oi	13011			
Yes					
4.8					
۔ لیسا				Land A Walter of account mountains. E. E. A. A.	\$2,796.40
Capital O	reditor's Name			_ Last 4 digits of account number _ 5 _ 5 _ 0 _ 4	
P. O. Box	30285			When was the debt incurred? 2011	
Number	Street			As of the date you file, the claim is: Check all that apply.	
				_ ☐ Contingent ☐ Unliquidated	
Colt I oko	City	IIT C	24120 0205	Disputed	
Salt Lake City	CILY		3 4130-0285 IP Code	Type of NONPRIORITY unsecured claim:	
	red the debt?	Check or	e.	Student loans	
ш.	1 only			Obligations arising out of a separation agreement or divorce	
ك	· 2 only · 1 and Debtor 2	only		that you did not report as priority claims	
	st one of the deb	•	other	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
_ Check	if this claim is	for a comi	nunity debt	✓ Other. Specify Credit Card	
	m subject to of	fset?			
✓ No					
☐ Yes					

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 23 of 58

Debtor 1	David	Errol	Hough Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NO	NPRIORITY Unsecu	red Claims Continuation Page	
After listin		on this page, number the	m sequentially from the	Total claim
4.9				\$420.90
Capital O	ne Bank		Last 4 digits of account number 2 0 3 8	<u> </u>
Nonpriority C	reditor's Name		When was the debt incurred? 2008	
P. O. Box Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			☐ Unliquidated ☐ Disputed	
Salt Lake	City	UT 84130-0285		
City Who incur	red the debt?	State ZIP Code Check one.	Type of NONPRIORITY unsecured claim:	
	1 only	Officer offic.	Student loans Obligations stricing out of a consection agreement or diverse	
Debtor	2 only		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
≝	1 and Debtor 2	•	Debts to pension or profit-sharing plans, and other similar debts	
		otors and another	Other. Specify	
ш		for a community debt	Credit Card	
Is the cial	m subject to of	rset?		
Yes				
4.10				\$0.00
Capital O	ne Bank Creditor's Name		_ Last 4 digits of account number 6 4 3 3	
Client Se			When was the debt incurred?	
Number 3/151 Har	Street ry S Truman I	Rlvd	As of the date you file, the claim is: Check all that apply.	
<u>5451 11a1</u>	ry O Trumani	Siva	_	
			Disputed	
St. Charle	es	MO 63301-4047 State ZIP Code	Type of NONDRIORITY uncessured eleims	
•	red the debt?	Check one.	Type of NONPRIORITY unsecured claim: Student loans	
	1 only		☐ Obligations arising out of a separation agreement or divorce	
ш	· 2 only · 1 and Debtor 2	only	that you did not report as priority claims	
ш.		otors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check	if this claim is	for a community debt	Notice Only	
Is the clair	m subject to of	set?	,	
☑ No				
Yes				
4.11				\$1,707.72
	Creditor's Name	pital Bank	Last 4 digits of account number0301_	
		ernational, LLC	When was the debt incurred?	
Number 35A Rust	Street		As of the date you file, the claim is: Check all that apply.	
JJA Kusi	Lane		_	
		=>/ =====	Disputed	
Boerne City		TX 78006-8202 State ZIP Code		
Who incur	red the debt?	Check one.	Student loans	
ш.	1 only		Obligations arising out of a separation agreement or divorce	
	[·] 2 only · 1 and Debtor 2	only	that you did not report as priority claims	
		otors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
_	if this claim is	for a community debt	Credit Card	
Is the clair	m subject to of	set?		
☑ No				
☐ Yes				

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 24 of 58

Debtor 1	David	Err		Hough Case number (if known)	
	First Name	Midd	dle Name	Last Name	
Part 2:	Your NO	NPRIORIT	ΓY Unsecur	red Claims Continuation Page	
After listin	•	on this page	, number then	m sequentially from the	Total claim
4.12					\$1,926.00
Credit Or	ne Bank			Last 4 digits of account number 3 x x x	
	reditor's Name			When was the debt incurred? 2008	
P. O. Box Number	Street			As of the date you file, the claim is: Check all that apply.	
rambor	Ciroci			_ ☐ Contingent	
				☑ Unliquidated	
		NIV O	0400	Disputed	
Las Vega	ıs		9193 P Code		
•	red the debt?	Check one		Type of NONPRIORITY unsecured claim:	
⊘ Debtor	1 only			Student loans Obligations origing out of a congretion agreement or diverse	
	2 only			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor	1 and Debtor 2	only		Debts to pension or profit-sharing plans, and other similar debts	
☐ At leas	st one of the deb	otors and and	other	☐ Other. Specify	
☐ Check	if this claim is	for a comm	nunity debt	Credit Card	
Is the clair	m subject to of	fset?			
☑ No					
Yes					
4.13					\$2,083.26
Credit Or				_ Last 4 digits of account number _1_ 4_ 2_ 2_	
_ : _ '	reditor's Name			When was the debt incurred? 2008	
P. O. Box Number	Street			As of the date you file, the claim is: Check all that apply.	
				_ ☐ Contingent	
				Unliquidated	
Loc Voca		NIV/ O	0102	Disputed	
Las Vega	is		9193 P Code	Turns of NONERIORITY unaccounted elemen	
•	red the debt?	Check one		Type of NONPRIORITY unsecured claim:	
☐ Debtor	r 1 only			☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
✓ Debtor	2 only			that you did not report as priority claims	
ш.	1 and Debtor 2			Debts to pension or profit-sharing plans, and other similar debts	
☐ At leas	st one of the deb	otors and and	other		
☐ Check	if this claim is	for a comm	nunity debt	Credit Card	
Is the clair	m subject to of	fset?			
√ No					
☐ Yes					
4.14					4000 50
بب				-	\$668.53
Credit Or	ne Bank Creditor's Name			_ Last 4 digits of account number _0 _2 _0 _4	
P. O. Box				When was the debt incurred? 2008	
Number	Street			As of the date you file, the claim is: Check all that apply.	
				_ Contingent	
				Unliquidated	
Las Vega		NV 89	9193	Disputed	
City			P Code	Type of NONPRIORITY unsecured claim:	
	red the debt?	Check one	∍.	☐ Student loans	
브 ~	1 only			Obligations arising out of a separation agreement or divorce	
☑ Debtor	•			that you did not report as priority claims	
_	r 1 and Debtor 2	•	othor	Debts to pension or profit-sharing plans, and other similar debts	
_	st one of the deb			Other. Specify	
_	if this claim is		nunity debt	Credit Card	
	m subject to of	fset?			
☑ No □ Yes					
1 1 168					

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 25 of 58

Debtor 1	David	Errol	Hough Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NO	NPRIORITY Unsec	ured Claims Continuation Page	
After listin	•	on this page, number th	em sequentially from the	Total claim
4.15				\$879.00
Credit Or	ne Bank		Last 4 digits of account number χ χ χ	<u> </u>
	reditor's Name		When was the debt incurred? 2014	
P. O. Box Number	3 98873 Street		As of the date you file, the claim is: Check all that apply.	
			✓ Unliquidated	
Las Vega	ıs	NV 89193	Disputed	
City	<u>. </u>	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt?	Check one.	Student loans	
≌	· 1 only · 2 only		Obligations arising out of a separation agreement or divorce	
ш	· 1 and Debtor 2	only	that you did not report as priority claims	
ш.,		otors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check	if this claim is	for a community debt	✓ Other. Specify Credit Card	
-	m subject to of	fset?		
☑ No				
Yes				
4.16				\$0.00
Credit Or	ne Bank, NA		Last 4 digits of account number 1 4 2 2	<u> </u>
	reditor's Name	oment Inc	When was the debt incurred?	
Number	Credit Manag Street	ement, inc	As of the date you file, the claim is: Check all that apply.	
2365 Nor	thside Drive,	Ste 300	Contingent	
			Unliquidated	
San Dieg	0	CA 92108	Disputed	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt?	Check one.	☐ Student loans	
ш	· 1 only · 2 only		Obligations arising out of a separation agreement or divorce	
ك	1 and Debtor 2	only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	st one of the del	otors and another	Other. Specify	
☐ Check	if this claim is	for a community debt	Notice Only	
Is the clair	m subject to of	fset?	•	
☑ No				
Yes				
4.17				\$692.60
Dr. Kevin	Eschmeyer,	DMD	Last 4 digits of account number 9 1 6	
Nonpriority C 1825 Weh	reditor's Name		When was the debt incurred? 12/2015	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			Contingent	
			Unliquidated	
Naperville	е	IL 60565-9317	Disputed	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? 1 only	Check one.	Student loans	
لظا	· 2 only		Obligations arising out of a separation agreement or divorce	
	· 1 and Debtor 2	only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At leas	st one of the del	otors and another	Other. Specify	
☐ Check	if this claim is	for a community debt	Medical services	
	m subject to of	fset?		
✓ No ☐ Yes				
1 1 50				

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 26 of 58

Debtor 1	David First Name	Errol Middle Name	Hough Last Name	Case number (if known)	
	- I i st Name	Middle Name	Lastivarie		
Part 2:	Your NON	PRIORITY Unsec	ured Claims Conti	nuation Page	
		this page, number th	em sequentially from the		Total claim
previous	page.				
4.18					\$0.00
Edward I			Last 4 digits of accor	unt number <u>4 6 0 8</u>	
	Creditor's Name ollection Burea	u Inc	When was the debt in	ncurred?	
Number	Street	u, iiic	As of the date you fil	e, the claim is: Check all that apply.	
5620 Sou	uthwiyck Blvd.,	Ste 206	Contingent		
			Unliquidated		
Toledo		OH 43614	Disputed		
City		State ZIP Code	Type of NONPRIORI	ΓY unsecured claim:	
		Check one.	Student loans		
Debtor 1 only Debtor 2 only				g out of a separation agreement or divorce	
<u> </u>	r 1 and Debtor 2 o	nly	•	port as priority claims or profit-sharing plans, and other similar debts	
At leas	st one of the debto	ors and another	Other. Specify	or profit-straining plans, and other similar debts	
☐ Check	k if this claim is fo	or a community debt	Notice Only		
Is the clai	m subject to offs	et?	-		
☑ No					
☐ Yes					
4.19					\$150.00
Edwards	Hospital & Hea	alth Services	Last 4 digits of accor	unt number 4 6 0 8	Ψ130.00
Nonpriority (Creditor's Name		When was the debt in		
801 S Wa	ashington Stree Street	et .		e, the claim is: Check all that apply.	
Number	Sueer		Contingent	e, the claim is. Oncor an that apply.	
			Unliquidated		
Napervill		IL 60540-7060	Disputed		
City		State ZIP Code	Type of NONPRIORI	TY unsecured claim:	
Who incu	rred the debt?	Check one.	Student loans	T unscoured oldnin.	
\square	r 1 only			g out of a separation agreement or divorce	
<u> </u>	r 2 only	nly	that you did not re	port as priority claims	
ш	r 1 and Debtor 2 o	•		or profit-sharing plans, and other similar debts	
At least one of the debtors and another Check if this claim is for a community debt			Other. Specify	20	
_	m subject to offs	-	Medical service	#5	
✓ No	iii sabject to ons	GL:			
Yes					

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 27 of 58

Debtor 1	David First Name	Errol Middle Name	Hough Last Name	Case number (if known)				
Part 2:	Your NON	PRIORITY Unsac	ured Claims Conti	nuation Page				
rait 2.	Tour NON	FRIORITI Oliseci	ured Claims Conti	iluation Fage				
	• •	this page, number th	em sequentially from the		Total claim			
previous	page.							
4.20					\$200,413.55			
FedLoan	Servicing		Last 4 digits of acco	unt number 5 0 3 4				
Nonpriority (Creditor's Name		When was the debt	ncurred? 1998				
Number	Street		As of the date you f	As of the date you file, the claim is: Check all that apply.				
			Contingent					
			Unliquidated					
Harrisbu	ırg	PA 17106-9184	Disputed					
City		State ZIP Code	Type of NONPRIOR	TY unsecured claim:				
	rred the debt? r 1 only	Check one.	Student loans					
ш	r 2 only			g out of a separation agreement or divorce				
<u> </u>	r 1 and Debtor 2 o	nly	•	eport as priority claims or profit-sharing plans, and other similar debts				
At leas	st one of the debto	ors and another	Other. Specify	or pront-sharing plans, and other similar debts				
☐ Checl	k if this claim is fo	or a community debt						
	m subject to offs	et?						
☑ No								
Yes								
Non-disc	chargeable							
4.21					\$280.64			
Ginny's			Last 4 digits of acco	unt number 8 6 3 0				
	Creditor's Name		When was the debt					
112 7th A	Street		As of the date you f	le, the claim is: Check all that apply.				
			Contingent	,				
			Unliquidated					
Monroe		WI 53566-1364	Disputed					
City		State ZIP Code	Type of NONPRIOR	TY unsecured claim:				
		Check one.	Student loans					
브 ~	r 1 only r 2 only		Obligations arisir	g out of a separation agreement or divorce				
لكا	r 1 and Debtor 2 o	nlv	•	eport as priority claims				
	st one of the debto	•	☐ Debts to pension ☐ Other. Specify	or profit-sharing plans, and other similar debts				
—	k if this claim is fo	or a community debt	Store account					
_	m subject to offs	et?						
☑ No	•							
Yes								

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 28 of 58

Debtor 1	David	Errol	Hough Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NO	NPRIORITY Unsecu	red Claims Continuation Page	
After listin	•	on this page, number the	m sequentially from the	Total claim
4.22				\$399.60
Kohl's			Last 4 digits of account number 7 8 8 5	<u>-</u> _
	Creditor's Name		When was the debt incurred? 2013	
P. O. Box Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ ☐ Contingent	
			Unliquidated	
Milwauke	ee	WI 53201-3043	─ □ Disputed	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? 1 only	Check one.	Student loans	
ш	2 only		Obligations arising out of a separation agreement or divorce	
	1 and Debtor 2	only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	st one of the deb	otors and another	☐ Debte to period of profit sharing plane, and other shrinking debte	
☐ Check	if this claim is	for a community debt	Store account	
	m subject to of	fset?		
✓ No				
Yes				
4.23				\$489.92
Masseys			Last 4 digits of account number 9 0 A 2	
	reditor's Name		When was the debt incurred? 2012	
P. O. Box Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			✓ Unliquidated	
Monroe		WI 53566-8022	Disputed	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt?	Check one.	☐ Student loans	
ш	1 only		Obligations arising out of a separation agreement or divorce	
سنا	1 and Debtor 2	only	that you did not report as priority claims	
ш		otors and another	Debts to pension or profit-sharing plans, and other similar debts	
	if this claim is	for a community debt		
	m subject to of	•	man Oraci Account	
☑ No	•			
Yes				
4.24				\$0.00
Masseys			Last 4 digits of account number 8 9 9 0	
Nonpriority C	reditor's Name		When was the debt incurred?	
IC Syster Number	ns Street		As of the date you file, the claim is: Check all that apply.	
	way 96 East		_ ☐ Contingent	
P. O. Box	64378		Unliquidated	
St. Paul		MN 55164-0378		
City	Ctdob adt bank	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? 1 only	Check one.	Student loans	
☑ Debtor	•		Obligations arising out of a separation agreement or divorce	
ت ا	1 and Debtor 2	only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	st one of the deb	otors and another	Other. Specify	
☐ Check	if this claim is	for a community debt	Notice Only	
	m subject to of	fset?		
✓ No				
☐ Yes				

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 29 of 58

Debtor 1	David	Errol	Hough Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NO	NPRIORITY Unsecu	red Claims Continuation Page	
After listin		n this page, number the	m sequentially from the	Total claim
4.25				\$754.76
Merrick E	Bank		Last 4 digits of account number 4 6 2 6	
Nonpriority C	reditor's Name		When was the debt incurred?	
Number Number	r Service Street		As of the date you file, the claim is: Check all that apply.	
P. O. Box			_ ☐ Contingent	
			Unliquidated	
Old Beth	page	NY 11804	Disputed	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? 1 only	Check one.	Student loans	
<u> </u>	2 only		Obligations arising out of a separation agreement or divorce	
ш	1 and Debtor 2	only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At leas	st one of the deb	tors and another	☐ Other. Specify	
☐ Check	if this claim is	for a community debt	Credit Card	
	m subject to off	set?		
✓ No ☐ Yes				
Yes				
4.26				\$2,089.60
Merrick E	Bank		Last 4 digits of account number 2 7 9 5	
	reditor's Name		When was the debt incurred? 2012	
Custome Number	Street		As of the date you file, the claim is: Check all that apply.	
P. O. Box	9201		_ Contingent	
			Unliquidated	
Old Beth	page	NY 11804	Disputed	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? 1 only	Check one.	Student loans	
ш	2 only		Obligations arising out of a separation agreement or divorce	
	1 and Debtor 2	only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At leas	st one of the deb	tors and another	Other. Specify	
☐ Check	if this claim is	for a community debt	Credit Card	
	m subject to off	set?		
✓ No ☐ Yes				
4.27				\$400.00
	Ent Consultar	nts Ltd	Last 4 digits of account number 2 1 0 0	
	Creditor's Name infield Road, \$	Sto 519	When was the debt incurred? 11/2015	
Number	Street	ote 313	As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			✓ Unliquidated — □ Disputed	
Winfield		IL 60190		
City Who incur	red the debt?	State ZIP Code Check one.	Type of NONPRIORITY unsecured claim:	
	1 only	Oncor onc.	Student loans Obligations origing out of a congretion agreement or diverse	
Debtor	2 only		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor	1 and Debtor 2	•	Debts to pension or profit-sharing plans, and other similar debts	
		tors and another	Other. Specify	
_		for a community debt	Medical services	
Is the clair	m subject to off	Set?		
✓ Yes				

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 30 of 58

Debtor 1	David	Errol	Hough	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 2:	Your NON	PRIORITY Unsecu	ıred Claims Contin	uation Page	
After listin	ng any entries on	this page, number the	em sequentially from the		
previous p	page.				Total claim
4.28					¢27 500 00
Navient			Last 4 digits of accou	nt number 4 0 9 1	\$27,599.00
	Creditor's Name		When was the debt in	 	
		n Loan Servicing			
Number P. O. Box	Street 9635		Contingent	, the claim is: Check all that apply.	
			Unliquidated		
Willian D		DA 40772.0025	Disputed		
Wilkes-B		PA 18773-9635 State ZIP Code	Type of NONPRIORIT	V unacquired eleim.	
•	rred the debt?	Check one.		i unsecureu ciaim.	
<u> </u>	r 1 only			out of a separation agreement or divorce	
	r 2 only r 1 and Dobtor 2 o	nlv	that you did not rep	ort as priority claims	
ш	r 1 and Debtor 2 or st one of the debto	•		r profit-sharing plans, and other similar debts	
ш		or a community debt	Other. Specify		
_	m subject to offse				
No No	in subject to one				
Yes					
Non-disc	hargeable				
4.29					\$432.58
Old Navy			Last 4 digits of accou	nt number 4 9 5 7	<u> </u>
	reditor's Name		When was the debt in	<u> </u>	
Synchron	,				
Number Attn: Ba	Street nkruptcy Depar	tment	Contingent	, the claim is: Check all that apply.	
P. O. Box	• •		Unliquidated		
Atlanta		GA 30353-0942	Disputed		
City		State ZIP Code	Type of NONPRIORIT	Y unsecured claim:	
		Check one.	☐ Student loans		
브 ~	r 1 only r 2 only			out of a separation agreement or divorce	
ك	r 1 and Debtor 2 o	nly		ort as priority claims	
At leas	st one of the debto	ors and another	Other. Specify	r profit-sharing plans, and other similar debts	
☐ Check	c if this claim is fo	or a community debt	Credit Card		
Is the clai	m subject to offse	et?			
☑ No					
☐ Yes					

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 31 of 58

Debtor 1 David Errol Hough Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.30 \$0.00 **Old Navy** Last 4 digits of account number <u>1 8 5 7</u> Nonpriority Creditor's Name When was the debt incurred? Allied Interstate LLC Street As of the date you file, the claim is: Check all that apply. Number P. O. Box 361445 ☐ Contingent Unliquidated Disputed Columbus OH 43236 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only \square that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Notice Only** Is the claim subject to offset? **☑** No Yes П 4.31 \$0.00 **Old Navy** Last 4 digits of account number 1 8 5 7 Nonpriority Creditor's Name When was the debt incurred? Crown Asset Management, LLC As of the date you file, the claim is: Check all that apply. Stree 3100 Breckenridge Blvd., Ste 725 Contingent Unliquidated Disputed **Duluth** GA 30096 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only $\overline{\mathbf{Q}}$ that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Notice Only** Is the claim subject to offset? **☑** No ☐ Yes 4.32 \$0.00 Old Navy/Synchrony Bank Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? D & A Services Street As of the date you file, the claim is: Check all that apply. Number 1400 E Touhy Avenue, Ste G2 Contingent Unliquidated Disputed **Des Plaines** IL 60018 City ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce \square Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Notice Only** Is the claim subject to offset? No Yes

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 32 of 58

Debtor 1	David	Errol	Hough Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NON	IPRIORITY Unsecu	red Claims Continuation Page	
After listin	• •	this page, number the	m sequentially from the	Total claim
4.33				\$1,563.82
PayPal C	redit		Last 4 digits of account number 0 3 0 1	<u> </u>
_ :	reditor's Name		When was the debt incurred? 2010	
P. O. Box Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			Unliquidated	
Timoniun	n	MD 21094	Disputed	
City	red the debt?	State ZIP Code	Type of NONPRIORITY unsecured claim:	
Debtor		Check one.	Student loans	
☑ Debtor			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor	1 and Debtor 2		Debts to pension or profit-sharing plans, and other similar debts	
ш	st one of the debt		☑ Other. Specify	
ш.		or a community debt	Credit Card	
	m subject to offs	set?		
✓ No ☐ Yes				
4.34				\$646.43
PayPal C			Last 4 digits of account number2329_	
P. O. Box	creditor's Name		When was the debt incurred? 2010	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
			□ Disputed	
Timoniun City	n	MD 21094 State ZIP Code	-	
	red the debt?	Check one.	Type of NONPRIORITY unsecured claim:	
☑ Debtor	1 only		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor	•	and a	that you did not report as priority claims	
ш.	· 1 and Debtor 2 of the debt		Debts to pension or profit-sharing plans, and other similar debts	
_		or a community debt	✓ Other. Specify Credit Card	
ш	m subject to offs	•	Credit Gard	
√ No	,			
Yes				
4.35				¢ 575.00
ابِا	te & Spinal Bo	h	Last 4 digits of account number	\$575.00
Nonpriority C	ts & Spinal Re Creditor's Name		When was the debt incurred? 2015	
Collection Number	n Professional Street	s, Inc	As of the date you file, the claim is: Check all that apply.	
723 First	_		Contingent Contingent	
			Unliquidated	
LaSalle		IL 61301-2535	Disputed	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incur Debtor	red the debt?	Check one.	☐ Student loans	
☑ Debtor			Obligations arising out of a separation agreement or divorce	
ك	1 and Debtor 2	only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
ш	t one of the debt		Other. Specify	
☐ Check	if this claim is f	or a community debt	Medical services	
	m subject to offs	et?		
✓ No Yes				

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 33 of 58

Part 2: Your NONPRIORITY Unsecured Claims Continuation Page After listing any entries on this page, number them sequentially from the previous page. 4.36 \$981.91 Seventh Avenue Last 4 digits of account number 8 5 7 0 Nonpriority Creditor's Name Unliquidated Disputed Total claim \$981.91 As of the date you file, the claim is: Check all that apply. Contingent Disputed Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising plans, and other similar debts Other. Specify Store account Toys R Us Nonpriority Creditor's Name Synchrony Bank Number Street As of the date you file, the claim is: Check all that apply. Last 4 digits of account number 5 7 0 5 When was the debt incurred? 2014 As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. Contingent Contingent Street As of the date you file, the claim is: Check all that apply. Contingent Other Street As of the date you file, the claim is: Check all that apply. Contingent Other Street As of the date you file, the claim is: Check all that apply.
After listing any entries on this page, number them sequentially from the previous page. 4.36 Seventh Avenue Nonpriority Creditor's Name 112 7th Avenue Number Street Monroe WI 53566-1364
A contingent Check if this claim is for a community debt is the claim subject to offset? Noppriority Creditor's Name Account number
Seventh Avenue Last 4 digits of account number 8 5 7 0 Nonpriority Creditor's Name 112 7th Avenue Number Street When was the debt incurred? 2013
Seventh Avenue Nonpriority Creditor's Name When was the debt incurred? 2013
Nonpriority Creditor's Name The Avenue Number Street Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed
Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed
As of the date you file, the claim is: Check all that apply.
Monroe Wi 53566-1364 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes 4.37 Toyse of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Store account \$ 5 7 0 5 \$ When was the debt incurred? When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Check if this Claim is for a community debt Store account \$ 700.00
Monroe
Monroe
Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Yes □ Nonpriority Creditor's Name Synchrony Bank Number Street Attn: Bankruptcy Dept. □ Check one. □ Type of NONPRIORITY unsecured claim: □ Student loans ○ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ○ Other. Specify Store account □ \$700.00 \$700.00 □ Yes □ Vene was the debt incurred? 2014 ■ As of the date you file, the claim is: Check all that apply. □ Contingent □ Contingent
Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 3 only □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes 4.37 Toys R Us Nonpriority Creditor's Name Synchrony Bank Number Street Attn: Bankruptcy Dept. □ Contingent Check one. □ Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Store account \$700.00 \$700.00
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes 4.37 Toys R Us Nonpriority Creditor's Name Synchrony Bank Number Street Attn: Bankruptcy Dept. Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Store account \$700.00 \$700.00 Attn: Bankruptcy Dept. Contingent Holizaridated
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Yes □ Nonpriority Creditor's Name Synchrony Bank Number Street Attn: Bankruptcy Dept. □ Debts to pension or profit-sharing plans, and other similar debts ○ Other. Specify Store account □ Check if this claim is for a community debt □ Ves □ Store account number 5 7 0 5 □ Ves □ Store account number 5 7 0 5 □ Contingent □ Check all that apply. □ Contingent □ Utbliswideted
At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes 4.37 Toys R Us Nonpriority Creditor's Name Synchrony Bank Number Street At least one of the debtors and another Other. Specify Store account \$700.00 \$700.00 \$700.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent I Debts to pension or profit-snaring plans, and other similar debts Other. Specify Store account \$700.00 \$700.00
Check if this claim is for a community debt Is the claim subject to offset? No Yes 4.37 Toys R Us Nonpriority Creditor's Name Synchrony Bank Number Street Attn: Bankruptcy Dept. Store account Account account number Store account Store account Store account Account account number Store acc
Is the claim subject to offset? No Yes 4.37 Toys R Us Nonpriority Creditor's Name Synchrony Bank Number Street Attn: Bankruptcy Dept. Synchrony Bank Number Street As of the date you file, the claim is: Check all that apply. Contingent Conti
Ves 4.37 Toys R Us Nonpriority Creditor's Name Synchrony Bank Number Street Attn: Bankruptcy Dept. Synchrony Bank Number Street Attn: Bankruptcy Dept. Synchrony Bank Number Street As of the date you file, the claim is: Check all that apply. □ Contingent □ Uslignighted
4.37 Toys R Us Nonpriority Creditor's Name Synchrony Bank Number Street Attn: Bankruptcy Dept. \$700.00 \$700.00 \$700.00 \$700.00 \$\$ When was the debt incurred? \$2014 As of the date you file, the claim is: Check all that apply. Contingent Contingent Cont
Toys R Us Nonpriority Creditor's Name Synchrony Bank Number Street Attn: Bankruptcy Dept. Last 4 digits of account number 5 7 0 5 When was the debt incurred? 2014 As of the date you file, the claim is: Check all that apply.
Toys R Us Nonpriority Creditor's Name Synchrony Bank Number Street Attn: Bankruptcy Dept. Last 4 digits of account number 5 7 0 5 When was the debt incurred? 2014 As of the date you file, the claim is: Check all that apply.
Nonpriority Creditor's Name Synchrony Bank Number Street Attn: Bankruptcy Dept. When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent
Synchrony Bank Number Street Attn: Bankruptcy Dept. Synchrony Bank As of the date you file, the claim is: Check all that apply. Contingent
Attn: Bankruptcy Dept. Contingent
P. O. Box 965060
Disputed
Orlando FL 32896-5060 City State ZIP Code Type of NONPRIORITY unsecured claim:
Who incurred the debt? Check one
Debtor 1 only
Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Debtor 1 and Debtor 2 only
At least one of the debtors and another Other. Specify
Check if this claim is for a community debt Credit Card
Is the claim subject to offset?
☑ No ☐ Yes

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 34 of 58

Debtor 1	David	Errol	Hough	Case number (if known)
	First Name	Middle Name	Last Name	
Part 3:	List Others to	Be Notified Abo	out a Debt That \	ou Already Listed
For ex credite debts	ample, if a collection or in Parts 1 or 2, the	agency is trying to n list the collection ts 1 or 2, list the ac	o collect from you fon agency here. Simil dditional creditors he	nkruptcy, for a debt that you already listed in Parts 1 or 2. or a debt you owe to someone else, list the original larly, if you have more than one creditor for any of the ere. If you do not have additional parties to be notified for
Capital Or	ne Bank		On which entry	in Part 1 or Part 2 did you list the original creditor?
Name Firstsource	e Advantage, LLC		 Line of	(Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street 205 Bryant Woods South				Part 2: Creditors with Nonpriority Unsecured Claims
Amherst City	NY Stat		— Last 4 digits of	account number 0 8 4 0
City	Sia	e Zii Code		

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 35 of 58

Debtor 1	David	Errol	Hough	Case number (if known)
	First Name	Middle Name	Last Name	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. 🛨	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$228,012.55
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts		\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	^{6i.} +	\$49,763.29
	6j.	Total. Add lines 6f through 6i.	6j.	\$277,775.84

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 36 of 58

Fill in this information to identify your case:									
Debtor 1	David First Name	Errol Middle Name	Hough Last Name						
Debtor 2	Stephanie	Marie	Hough						
(Spouse, if filing)	First Name	Middle Name	Last Name						
United States Ba	nkruptcy Court for the								
Case number					Check if this is an				
(if known)					amended filing				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B*: *Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 37 of 58

Fi	ll in this inf	ormation to ider	ntify your case	:			
De	btor 1	David First Name	Errol Middle Name	Hough Last Name			
	btor 2 bouse, if filing)	Stephanie First Name	Marie Middle Name	Hough Last Name			
Un	ited States Bar	nkruptcy Court for the	e: NORTHERN D	ISTRICT OF ILLINOIS			
	se number known)					Check if this is an amended filing	
	icial Form						40%
<u> </u>	nedule n.	Your Codeb	1015				12/1
two need	married peopled, copy the e. On the top	le are filing together Additional Page, fill of any Additional Pa	r, both are equally it out, and numbe ages, write your n	rany debts you may have. Be responsible for supplying co er the entries in the boxes on t ame and case number (if know int case, do not list either spous	rrect information. If r the left. Attach the Ad vn). Answer every qu	nore space is dditional Page to this	
	✓ No ☐ Yes	,	, ,	,	,		
2.	include Arizon	a, California, Idaho, I		nity property state or territory , New Mexico, Puerto Rico, Tex	, , ,	•	
	No. Go to Yes. Did	l your spouse, former	spouse, or legal e	quivalent live with you at the tim	ne?		
3.	•	•		ude your spouse as a codebto	•	•	

creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use

Column 1: Your codebtor

Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 38 of 58

Fill in this inforr	nation to identify	y your case:			
Debtor 1	David First Name	Errol Middle Name	Hough Last Name	Che	eck if this is:
Debtor 2 (Spouse, if filing)	Stephanie First Name	Marie Middle Name	Hough Last Name	_	An amended filing
United States Bank	cruptcy Court for the:	NORTHERN DIS	STRICT OF ILLINOIS	🗆	A supplement showing postpetition chapter 13 income as of the following date:
Case number (if known)					MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Describe	Employ	/ment
ı aıtı.	Describe		,,,,,

1.	Fill in your employment information.		Debt	or 1			Debtor 2 or non-	filing spou	se
	If you have more than one job, attach a separate page with information about	Employment status	_	Employed Not employed			✓ Employed✓ Not employe	d	
	additional employers.	Occupation	DME	Delivery D	iver		Billing and Pay	roll	
	Include part-time, seasonal, or self-employed work.	Employer's name	Adva	acare Syste	ns, Inc		Resource 1, Inc	c	
	Occupation may include student or homemaker, if it applies.	Employer's address		N Pulaski F er Street	Road		701 Harger Roa Number Street	ad, Ste 10	0
			Chic	ago	IL State	60641	Oak Brook	IL State	60523
			City	_	State	Zip Code	City	State	Zip Code
		How long employed th	nere?	1 year			3 years		

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

5. For Debtor 1 for Debtor 2 or non-filling spouse

2. \$2,931.07 \$4,000.00

\$4,000.00

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 39 of 58

Debto	or 1	David	Errol	Hough		Case nu	umbe	er (if known)			
		First Name	Middle Name	Last Name	F	or Debtor 1		For Debtor 2 or non-filing spouse			
	-	-			4.	\$2,931.07		\$4,000.00			
5. l	_ist	all payroll ded	ductions:								
Ę	āa.	Tax, Medicar	e, and Social Security de	ductions	5a.	\$535.26		\$628.48			
5	ōb.	Mandatory co	ontributions for retiremen	t plans	5b.	\$0.00		\$0.00			
5	ōс.	Voluntary cor	ntributions for retirement	plans	5c.	\$0.00		\$0.00			
		-	ayments of retirement fur		5d.	\$0.00		\$0.00			
		Insurance	-,		5e.	\$111.47		\$478.52			
	5f.		pport obligations		5f.	\$0.00		\$0.00			
		-	oport obligations			\$0.00		\$0.00			
	5g.	Union dues	!		5g.						
•	on.	Other deduct Specify: See	continuation sheet / F	Flexible Spending	5h. +	\$24.07		\$200.00			
		the payroll de 5h.	eductions. Add lines 5a	+ 5b + 5c + 5d + 5e + 5f +	6.	\$670.80		\$1,307.00			
7. (Calc	culate total mo	nthly take-home pay.	Subtract line 6 from line 4.	7.	\$2,260.27		\$2,693.00			
8. L	_ist	all other inco	me regularly received:								
8	За.		om rental property and for	rom operating a	8a.	\$0.00		\$0.00			
		gross receipts	ment for each property and , ordinary and necessary b hly net income.	0							
8	3b.	Interest and o	dividends		8b.	\$0.00		\$0.00			
8	Вс.		ort payments that you, a r	non-filing spouse, or a	8c.	\$0.00		\$600.00			
			ny, spousal support, child s ment, and property settlem	• •							
8	3d.	Unemployme	nt compensation		8d.	\$0.00		\$0.00			
		Social Securi	•		8e.	\$0.00		\$0.00			
			ment assistance that you	regularly receive	00.	Ψ0.00					
	,	Include cash a	assistance and the value (i ce that you receive, such a er the Supplemental Nutritio	f known) or any non- as food stamps							
		Specify:			8f.	\$0.00		\$0.00			
8	₿g.	Pension or re	etirement income		8g.	\$0.00		\$0.00			
8	3h.	Other monthl	y income.					_			
		Specify:			8h. 🛨	\$0.00		\$0.00			
9.	Add	all other inco	me. Add lines 8a + 8b + 8	c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00] [\$600.00			
			r income. Add line 7 + line	e 9. btor 2 or non-filing spouse.	10.	\$2,260.27]+[\$3,293.00	=[\$5,553.2	7
11. S	Stat nclu	e all other reg	ular contributions to the	expenses that you list in Sourcer, members of your househ			our ro	oommates, and oth	ner		
[Do r	not include any	amounts already included	in lines 2-10 or amounts that	t are not	available to pay	exp	enses listed in Sc	hedu	ıle J.	
5	Spe	cify:						11.	+	\$0.0	<u>0</u>
i	nco			0 to the amount in line 11. of Your Assets and Liabilities						\$5,553.2 Combined nonthly incor	
13. [Οο ν	ou expect an	increase or decrease wit	hin the year after you file th	his form	1?			_	,	
_		No. Yes. Explain:	None.	. ,							
'	_	=npidiili									

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 40 of 58

Deb	tor 1	David	Errol	Hough		Case num	ber (if known)
	Ī	First Name	Middle Name	Last Name			
5h.	Othe	r Payroll Deductions (d	details)			For Debtor 1	For Debtor 2 or non-filing spouse
	Unif	orms / Flexible Spen	ding		_	\$16.21	\$200.00
	Visio	on			_	\$7.86	
				То	tals:	\$24.07	\$200.00

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 41 of 58

F	ill in this inforr	nation to identi	fy your case:			Cha	ck if this	io	
	Debtor 1	David First Name	Errol Middle Name	Hougl Last Na			An ame	ended filing lement showing	nostnetition
1	Debtor 2 (Spouse, if filing)	Stephanie First Name	Marie Middle Name	Hougl Last Na				13 expenses a	
	United States Bank	cruptcy Court for the	NORTHERN DIST	RICT OF	ILLINOIS		MM / D	D / YYYY	
	Case number (if known)						, 2	_,	
Of	ficial Form 1	06J				-			
Sc	chedule J: Y	our Expense	S						12/15
cor	rect information. ne and case numb	If more space is ne per (if known). Ans	e. If two married peopeded, attach another swer every question.						
ŀ		ibe Your House	enola						
1.	Is this a joint cas	se?							
2.	✓ No ☐ Ye	Debtor 2 live in a second set. Debtor 2 must fill pendents?	eparate household? e Official Form 106J-2, No Yes. Fill out this infor		Dependent's relati	onshi		Dependent's	Does dependent
	Do not list Debtor Debtor 2.	1 and	for each dependent		Debtor 1 or Debtor	r 2		age	live with you?
	Do not state the on	dependents'			Son			12 years	Yes No
									- ∏ Yes □ No
					-				Yes
									□ No - □ Yes
									□ No
•	De veur evnene	an include	-						Yes
3.	Do your expense expenses of peo yourself and you	ple other than	✓ No ☐ Yes						
P	art 2: Estim	ate Your Ongoi	ng Monthly Exper	nses					
Est to i	imate your expens	ses as of your bank s of a date after the	cruptcy filing date unle bankruptcy is filed. I	ess you a	-			•	
			n government assistar ı Schedule I: Your Inco	-				Your expens	ses
4.			enses for your residen any rent for the ground				2	4.	\$1,900.00
	If not included in	n line 4:							
	4a. Real estate	taxes					4	1a	
	4b. Property, ho	meowner's, or renter	's insurance				4	4b	
	4c. Home maint	enance, repair, and	upkeep expenses				4	4c	\$200.00
	4d. Homeowner	's association or con	dominium dues				4	1d.	

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 42 of 58

Case number (if known)

Hough

Middle Name Last Name First Name Your expenses Additional mortgage payments for your residence, such as home equity loans 5. **Utilities:** 6a. Electricity, heat, natural gas 6a. \$120.00 6b. Water, sewer, garbage collection 6b. \$226.00 6c. Telephone, cell phone, Internet, satellite, and 6c. \$542.00 cable services 6d. 6d. Other. Specify: Food and housekeeping supplies 7. \$800.00 Childcare and children's education costs 8. \$300.00 Clothing, laundry, and dry cleaning 9. \$400.00 10. Personal care products and services 10. \$300.00 11. Medical and dental expenses 11. \$700.00 12. Transportation. Include gas, maintenance, bus or train 12. \$500.00 fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, 13. \$100.00 magazines, and books 14. Charitable contributions and religious donations 14. \$100.00 Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. 15b. Health insurance 15b. 15c. Vehicle insurance 15c. \$129.67 15d. Other insurance. Specify: 15d. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: IRS 16. \$250.00 17. Installment or lease payments: 17a. Car payments for Vehicle 1 Vehicle 17a. \$418.00 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: ___ 17c. 17d. Other. Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as 18. deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 19.

Debtor 1 David

Errol

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 43 of 58

Deb	tor 1	David	Errol	Hough	Case number (if known	ı)
		First Name	Middle Name	Last Name		
20.		er real property e edule I: Your Inc		lines 4 or 5 of this form or	on	
	20a.	Mortgages on o	other property		20a.	
	20b.	Real estate tax	es		20b.	
	20c.	Property, home	eowner's, or renter's insura	nce	20c.	
	20d.	Maintenance, r	epair, and upkeep expense	es	20d.	
	20e.	Homeowner's a	association or condominiur	n dues	20e.	
21.	Othe	er. Specify:			21.	
22.	Calc	ulate your mont	hly expenses.			
	22a.	Add lines 4 thro	ough 21.		22a. -	\$6,985.67
	22b.	Copy line 22 (n	nonthly expenses for Debte	or 2), if any, from Official For	rm 106J-2. 22b.	
	22c.	Add line 22a ar	nd 22b. The result is your	monthly expenses.	22c.	\$6,985.67
23.	Calc	ulate your mont	hly net income.		_	
	23a.	Copy line 12 (y	our combined monthly inco	ome) from Schedule I.	23a.	\$5,553.27
	23b.	Copy your mon	thly expenses from line 22	c above.	23b. _	\$6,985.67
	23c.		nonthly expenses from you our monthly net income.	r monthly income.	23c.	(\$1,432.40)
24.	Do y	ou expect an inc	crease or decrease in you	ur expenses within the yea	r after you file this form?	
				your car loan within the year nodification to the terms of y	or do you expect your mortgage our mortgage?	
	Ö	Yes. Explain he None.	re:			

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 44 of 58

Fill in this in	formation to ic	lentify your case	:	
Debtor 1	David	Errol	Hough	
	First Name	Middle Name	Last Name	
Debtor 2	Stephanie	Marie	Hough	
(Spouse, if filing) First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for	the: NORTHERN D	ISTRICT OF ILLINO	IS
Case number				
(if known)				

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Р	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$0.00
	1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$22,710.30
	1c. Copy line 63, Total of all property on Schedule A/B	\$22,710.30
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$17,933.57
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+\$277,775.84
	Your total liabilities	\$295,709.41
P	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$5,553.27
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$6,985.67

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 45 of 58

Debt	or 1	David First Name	Errol Middle Name	Hough Last Name	Case number (if known)	
Pa	rt 4:	-			and Statistical Records	
6.	Are you	u filing for bank	ruptcy under Chapter	s 7, 11, or 13?		
	□ No ✓ Ye		ning to report on this pa	art of the form. Check	this box and submit this form to the court with your other	er schedules.
7.	What k	ind of debt do y	ou have?			
	<u> </u>	•	•		are those "incurred by an individual primarily for a pers s 8-9g for statistical purposes. 28 U.S.C. § 159.	onal,
	_		ot primarily consumer ort with your other sche		hing to report on this part of the form. Check this box a	and submit
			f Your Current Monthl ne 11; OR, Form 122B	•	total current monthly income from 22C-1 Line 14.	\$6,929.33
9.	Copy tl	he following sp	ecial categories of cla	ims from Part 4, line	6 of Schedule E/F:	
					Total claim	
	From P	Part 4 on Sched	ule E/F, copy the follo	wing:		
	9a. Do	omestic support	obligations. (Copy line	6a.)	\$0.00	

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

9d. Student loans. (Copy line 6f.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

\$0.00

\$0.00

\$0.00

\$228,012.55

\$228,012.55

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 46 of 58

Fill in this information to identify your case:					
Debtor 1	David First Name	Errol Middle Name	Hough Last Name		
Debtor 2	Stephanie	Marie	Hough		
(Spouse, if filing)		Middle Name	Last Name	e	
	ikruptcy Court for	tne: NORTHERN D	ISTRICT OF ILLINOI	3	
Case number (if known)					

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT	an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have read true and correct.	the summary and schedules filed with this declaration and that they are
X /s/ David Errol Hough	X /s/ Stephanie Marie Hough
David Errol Hough, Debtor 1	Stephanie Marie Hough, Debtor 2
Date <u>04/21/2016</u> MM / DD / YYYY	Date <u>04/21/2016</u> MM / DD / YYYY

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 47 of 58

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married 2. During the last 3 years, have you lived anywhere other than where you live now? Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1: Dates Debtor 1 Debtor 2: Dates Debtor 2 lived there	Fill in this inf	ormation to id	lentify your ca	ase:			
Debtor 2 Stephanie Marie Hough (Spouse, if filling) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) Official Form 107 Statement of Financial Affairs for Individuals Filling for Bankruptcy Debtor 1: Cive Details About Your Marital Status and Where You Lived Before Output Details About Your Marital Status and Where You Lived Before Output Details About Your Marital Status and Where You Lived Before Debtor 1: Dates Debtor 1 Debtor 2: Dates Debtor 2: Dates Debtor 1 Debtor 1: Dates Debtor 1 Debtor 1: Dates Debtor 1 Debtor 2: Dates Debtor 1 Debtor 2: Dates Debtor 2: Dates Debtor 1 Debtor 3: Same as Debtor 1 Debtor 1: Dates Debtor 1 Debtor 3: Same as Debtor 3: Dates Debtor 4: Dates Debtor 5: Dates Debtor 5: Dates Debtor 5: Dates Debtor 6: Dates Debtor 7: Dates Debtor 8: Dates Debtor 9: Dates De	Debtor 1						
Check if this is an armended filing Check if this is an armended filing	Debtor 2	_					
Case number (if known) Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Description of Financial Affairs for Individuals Filing for Bankruptcy Description of Financial Affairs for Individuals Filing for Bankruptcy Description of Financial Affairs for Individuals Filing for Bankruptcy Description of Financial Affairs for Individuals Filing for Bankruptcy Description of Financial Affairs for Individuals Filing for Bankruptcy Description of Financial Affairs for Individuals Filing for Bankruptcy Description of Financial Status and Where You have equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married 2. During the last 3 years, have you lived anywhere other than where you live now? Not married 2. During the last 3 years, have you lived anywhere other than where you live now. Debtor 1: Dates Debtor 1 Debtor 2: Dates Debtor 2 Iived there Same as Debtor 1 Same as Debtor 1 Same as Debtor 2 Iived there Same as Debtor 1 Same as Debtor 2 Same as Debtor 1 Same as Debtor 1 Same as Debtor 2 Same as Debtor 1 Same as Debtor 2 Same as Debtor 1 Same as Debtor 2 Same as	(Spouse, if filing)		Middle Name				
Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Description in Formation in Financial Affairs for Individuals Filing for Bankruptcy Description in Financial Affairs for Individuals Filing for Bankruptcy Description in Financial Affairs for Individuals Filing for Bankruptcy Description in Financial Affairs for Individuals Filing for Bankruptcy Description in Financial Affairs for Individuals Filing for Bankruptcy Description in Financial Filing for Bankruptcy Description in Financial Filing for Bankruptcy Description in Filing for Bankruptcy Descri	United States Ba	nkruptcy Court for	the: NORTHER	N DISTRICT OF II	LINOIS		
Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Ogree as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married 2. During the last 3 years, have you lived anywhere other than where you live now? Poebtor 1: Dates Debtor 1 Debtor 2: Dates Debtor 2 lived there Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 2 lived there 97 Devpm :ame Number Street Naperville, IL						☐ Check if	f this is an
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married 2. During the last 3 years, have you lived anywhere other than where you live now? Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1: Dates Debtor 1 Debtor 2: Dates Debtor 2 lived there Same as Debtor 1 Same as Debtor 2 Same as Debtor 1 Same as Debtor 2 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 2 Same as Debtor 1 Same as Debtor 2 Same as Debtor 1 Same as Debtor 2 Same as Debtor 3 Same as	(if known)						
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married	Official Form	107					
Correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married 2. During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1: Dates Debtor 1 Debtor 2: Dates Debtor 2 lived there Same as Debtor 1 Same as Debtor 2 Same as Debtor 1 Same as Debtor 2 Same as Debtor 1 Same as Debtor 2 Same as Debtor 3 Same as Debtor	Statement o	f Financial	Affairs for I	ndividuals F	iling for Bankı	ruptcy	04/16
Dates Debtor 1 Debtor 2: Dates Debtor 2 lived there Same as Debtor 1 Same as Debtor 2 Same as Debtor 1 Same as Debtor 2 Same as Debtor 3 Same as Debtor 4 Same as Debtor 5 Same as Debtor 6 Same as Debtor 7 Same as Debtor 8 Same as Debtor 9 Same as Debtor 9 Same as Debtor 9 Same as Debtor 9 Same as Debtor 1 Same as Debtor 2 Same as Debtor 1 Same as Debtor 2 Same as Debtor 2 Same as Debtor 2 Same as Debtor 2 Same as Debtor 3 Same as Debtor 4 Same as Debtor 3 Same as Debtor 4 Same as Debtor 4 Same as Debtor 4 Same as Debtor 5 Same as Debtor 6 Same as Debtor 7 Same as Debtor 9 Same as De	1. What is your ✓ Married ✓ Not marrie 2. During the la	current marital s	tatus?			3efore	
Same as Debtor 1 Same as Debtor 2 Same as Debtor 2 Same as Debtor 3 Same as De	_	all of the places y	ou lived in the las			OW.	Dates Debtor 2
97 Devpm :ame From From From Number Street Naperville, IL From Number Street To							lived there
Number Street Naperville, IL To To To					☐ Same as Deb	otor 1	Same as Debtor
Naperville, IL To To	97 Devpr	n :ame		From			From
Naperville, IL				То	Number Street		 To
City State ZIP Code City State ZIP Code	Napervill	e, IL					_
on, one in out	City	Sta	te ZIP Code		City	State ZIP Code	_
	·				,		
3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)	(Community p	property states and					•

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 48 of 58

Deb		David First Name	Errol Middle Name	Hough Last Name	Case number (if known)			
4.	Fill in the	have any inco	of income you receive	nt or from operating a bused from all jobs and all busing	iness during this year or the two previous calendar year nesses, including part-time activities. ner, list it only once under Debtor 1.	ars?		
5.	Did you Include i	ncome regardl	ther income during tess of whether that in	·	us calendar years? of other income are alimony; child support; Social Security ome; interest; dividends; money collected from lawsuits; roy	•		
	and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details.							
P	art 3:		•	Made Before You Fi	· · ·			
ο.	No.	Neither Deb	otor 1 nor Debtor 2 h	orimarily consumer debts' as primarily consumer de y for a personal, family, or h	bts. Consumer debts are defined in 11 U.S.C. § 101(8) as	3		
		During the 9	0 days before you file	ed for bankruptcy, did you p	ay any creditor a total of \$6,425* or more?			
		□ No. Go t	to line 7.					
		tota	al amount you paid the	at creditor. Do not include p	\$6,425* or more in one or more payments and the payments for domestic support obligations, such as ments to an attorney for this bankruptcy case.			
		* Subject to	adjustment on 4/01/1	9 and every 3 years after th	at for cases filed on or after the date of adjustment.			
	✓ Yes	Debtor 1 or	Debtor 2 or both ha	ve primarily consumer de	ots.			
		During the 9	0 days before you file	ed for bankruptcy, did you pa	ay any creditor a total of \$600 or more?			
		No. Go	to line 7.					
		cre	ditor. Do not include		\$600 or more and the total amount you paid that port obligations, such as child support and alimony. bankruptcy case.			

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 49 of 58

Deb	tor 1	David First Name	Erro Middl	o l e Name	Hough Last Name	Case number (if	known)	
7.	Insidera corpora agent,	s include your rela	tives; any are an o business	general partner fficer, director, p you operate as	rs; relatives of an erson in control,	ayment on a debt you owed any y general partners; partnerships or owner of 20% or more of their . 11 U.S.C. § 101. Include paym	of which you are a voting securities;	a general partner; and any managing
	✓ No	s. List all paymen	s to an ir	sider.				
8.		1 year before yoเ ted an insider?	ı filed for	bankruptcy, di	d you make any	payments or transfer any prop	erty on account	of a debt that
	Include	payments on deb	ts guaran	teed or cosigned	d by an insider.			
	✓ No □ Ye	s. List all paymen	s that be	nefited an inside	er.			
Đ:	art 4:	Identify Lea	al Actio	ne Renossi	essions and	Foreclosures		
				· ·				
9.	List all		uding per	sonal injury case		n any lawsuit, court action, or a ctions, divorces, collection suits,		
	✓ No ☐ Ye	s. Fill in the detail	S.					
10.	seized	1 year before you, or levied? all that apply and f			as any of your p	roperty repossessed, foreclose	∍d, garnished, a	ttached,
		. Go to line 11. s. Fill in the inform	nation bel	ow.				
					Describe the p	roperty	Date	Value of the property
Ally	itor's Nam				Dodge Ram			
		^{ле} 380902						
Num		reet			Explain what h	appened		
						s repossessed. s foreclosed.		
Blo	omingt	ton	MN	55438-0902		is garnished.		
City	oming	.011	State	ZIP Code	Property wa	s attached, seized, or levied.		
11.					-	including a bank or financial in use you owed a debt?	nstitution, set of	ff any
	✓ No	s. Fill in the detail	S.					
12.		1 year before you ors, a court-appoi				roperty in the possession of ar ficial?	າ assignee for th	ne benefit of
	✓ No							

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 50 of 58

Deb	otor 1	David First Name	Errol Middle Name	Hough Last Name	Case number (if l	known)	
P	art 5:		n Gifts and Con				
13.	Within	2 years before	you filed for bankru	ptcy, did you give any gift	s with a total value of more	than \$600 per perso	on?
	✓ No	s. Fill in the deta	ails for each gift.				
14.		2 years before y charity?	you filed for bankru	ptcy, did you give any gift	s or contributions with a tot	al value of more tha	an \$600
	✓ No		ails for each gift or co	ntribution.			
Р	art 6:	List Certai	n Losses				
15.		1 year before yo disaster, or gam		tcy or since you filed for b	ankruptcy, did you lose any	ything because of th	neft, fire,
	✓ No	s. Fill in the deta	ails.				
Р	art 7:	List Certai	n Payments or 1	ransfers			
16.	anyon	e you consulted	about seeking bank	cruptcy or preparing a ban	e acting on your behalf pay kruptcy petition? g agencies for services requi		
	□ No ✓ Ye	s. Fill in the deta	ails.				
Springboard Non-profit Credit Counseling Person Who Was Paid			Credit Counselin։	Description and value of For credit counseling a courses		Date payment or transfer was made	Amount of payment
Num	nber St	reet					\$110.00
							_
City		St	ate ZIP Code				
Ema	ail or webs	ite address					
Pers	on Who I	Made the Payment, i	if Not You				
U S Bankruptcy Court Person Who Was Paid				Description and value of any property transferred Filing fee for Chapter 7 Bankruptcy made Date payment or transfer was made			Amount of payment
Num	nber St	reet					\$335.00
							_
City		St	ate ZIP Code				
Ema	ail or webs	ite address					
Pers	on Who I	Made the Payment, i	if Not You				

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 51 of 58

Persor	First N TruptcyPro Who Was Pai	lame	Middle Name	Last Name			
Persor							
Persor				Description and value of any For copies of tax transcrip		Date payment or transfer was	Amount of payment
Nivesk		d		- Tor copies of tax transcrip	its from the into	made	
				_			\$35.00
Numbe	er Street						
				_			
				_			
City		State	ZIP Code				
Email	or website addre	ess		_			
Persor	Who Made the	e Payment, if Not	t You	_			
				Description and value of any	property transferred	Date payment or transfer was	Amount of payment
	les Wm. Do Who Was Pai			_		made	paymon
	Irving Par	k Road		_		04/22/2016	\$1,895.00
Numbe							
Suite	100			_			
Rose	lle	IL	60172	_			
City		State	ZIP Code				
Email	or website addre	ess		_			
Person	Who Made the	e Payment, if Not	t You	_			
		-			e		
	-	-		ptcy, did you or anyone else ac with your creditors or to make p			perty to
[Do not include	e any payment	t or transfer tha	t you listed on line 16.			
	√ No						
		in the details.					
	•	•		uptcy, did you sell, trade, or oth		perty to anyone, ot	her than
-			-	s made as security (such as grant		or mortgage on your	property).
[Oo not include	e gifts and trar	nsfers that you	have already listed on this statem	ent.		
	√ No						
l	Yes. Fill	in the details.					
	•	•		ruptcy, did you transfer any pronced asset-protection devices.)		rust or similar devic	e of which
	☑ No ☐ Yes. Fill	in the details.					

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 52 of 58

Deb	otor 1	David First Name	Errol Middle Name	Hough Last Name	Case number (if known)
P	art 8:	List Certair	n Financial Acco	ounts, Instrument	s, Safe Deposit Boxes, and Storage Units
20.		-	ou filed for bankrup noved, or transferre		al accounts or instruments held in your name, or for your
			•	r other financial accouliations, and other finar	nts; certificates of deposit; shares in banks, credit unions, brokerage ncial institutions.
	✓ No ☐ Yes	. Fill in the detai	ils.		
21.	-	•	id you have within 'other valuables?	1 year before you file	d for bankruptcy, any safe deposit box or other depository
	✓ No ☐ Yes	. Fill in the detai	ils.		
22.	Have yo	ou stored prope	rty in a storage uni	it or place other than	your home within 1 year before you filed for bankruptcy?
	✓ No ☐ Yes	. Fill in the detai	ils.		
P	art 9:	Identify Pro	perty You Hold	d or Control for S	omeone Else
23.	•	hold or control in trust for som	,, ,	someone else owns?	Include any property you borrowed from, are storing for,
	✓ No ☐ Yes	. Fill in the detai	ils.		
P	art 10:	Give Detail	s About Enviro	nmental Informat	ion
For	the purp	ose of Part 10,	the following defini	itions apply:	
ı	hazardou	s or toxic subs	tance, wastes, or m	naterial into the air, la	regulation concerning pollution, contamination, releases of and, soil, surface water, groundwater, or other medium, substances, wastes, or material.
		•		ty as defined under a it, including disposal	ny environmental law, whether you now own, operate, or sites.
				vironmental law defin contaminant, or simila	es as a hazardous waste, hazardous substance, toxic rritem.
Rep	ort all no	otices, releases	, and proceedings t	that you know about,	regardless of when they occurred.
24.	Has any law?	governmental	unit notified you th	nat you may be liable	or potentially liable under or in violation of an environmental
	✓ No ☐ Yes	. Fill in the detai	ils.		

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 53 of 58

Deb	otor 1	David	Errol	Hough	Case number (if known)	
		First Name	Middle Name	Last Name		
25.	Have yo ✓ No	ou notified any gove	ernmental unit of an	y release of haz	ardous material?	
		s. Fill in the details.				
26.	Have you	ou been a party in a	ny judicial or admir	nistrative procee	ding under any environmental law? Include settlements and	
	☑ No					
	Yes	s. Fill in the details.				
Р	art 11:	Give Details A	bout Your Busi	ness or Conr	ections to Any Business	
27.	Within busines	•	iled for bankruptcy	, did you own a	business or have any of the following connections to any	
		A member of a limit A partner in a partn An officer, director,	ted liability company	(LLC) or limited ive of a corporation		
		None of the above as. Check all that apple			or each business.	
28.	3. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.					
	□ No □ Yes	s. Fill in the details b	elow.			
Р	art 12:	Sign Below				
that pro or k	t answer perty by poth. 18 /s/ David	s are true and corre	ct. I understand the with a bankruptcy	at making a fals case can result X <u>/s/ Step</u> h	any attachments, and I declare under penalty of perjury e statement, concealing property, or obtaining money or in fines up to \$250,000, or imprisonment for up to 20 years, anie Marie Hough Marie Hough, Debtor 2	
ı	Date	04/21/2016		Date	04/21/2016	
Did	vou atta	ch additional nages	to Your Statement	of Financial Aff	airs for Individuals Filing for Bankruptcy (Official Form 107)?	
	•	on additional pages	to rour dialement	or mandar Am	and for interviouals rining for Bank apicy (Citician Form 1977).	
Did	you pay	or agree to pay sor	neone who is not a	n attorney to he	p you fill out bankruptcy forms?	
$ \sqrt{} $						
	Yes. Na	me of person			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).	

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 54 of 58

Debtor 1 David Errol Hough First Name Middle Name Last Name Debtor 2 (Spouse, if filing) Debtor 3 (Spouse, if filing) Debtor 4 (Spouse, if filing) Debtor 5 (Spouse, if filing) Debtor 6 (Spouse, if filing) Debtor 7 (Spouse, if filing) Debtor 8 (Spouse, if filing) Debtor 9 (Spouse, if filing)
Debtor 2 Stephanie Marie Hough (Spouse, if filing) First Name Middle Name Last Name
(Spouse, if filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS
Case number(if known)

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: **List Your Creditors Who Hold Secured Claims**

1.	For any creditors that you listed in Part 1 of <i>Schedule D: Creditors Who Hold Claims Secured by Property</i> (Official Form 106D), fill in the information below.							
	Identify the cre	editor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?				
	Creditor's name:	Capital One Auto Finance	Surrender the property. Retain the property and redeem it.	□ No □ Yes				
	Description of property securing debt:	2010 Chrysler 300S (VIN; 2C3CA2CV3AH262299) Insura	Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:	_				

Part 2: **List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

None.

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 55 of 58

Debtor 1	David First Name	Errol Middle Name	Hough Last Name	Case number (if known)
Part 3:	Sign Below			
	penalty of perjury, I o al property that is su		•	about any property of my estate that secures a debt and
	vid Errol Hough Errol Hough, Debtor 1		X /s/ Stephanie Stephanie Marie	Marie Hough Hough, Debtor 2
-	04/21/2016 MM / DD / YYYY		Date 04/21/20	

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 56 of 58

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: David Errol Hough
Stephanie Marie Hough

CHAPTER 7

CASE NO

VERIFICATION OF CREDITOR MATRIX

know	ledge.	allached i	ist of creditors is true and correct to the best of his/her
Date	4/21/2016		/s/ David Errol Hough David Errol Hough
Date	4/21/2016	Signature	/s/ Stephanie Marie Hough

Stephanie Marie Hough

Case 16-14330 Doc 1 Filed 04/27/16 Entered 04/27/16 14:51:23 Desc Main Document Page 57 of 58

Ally P. O. Box 380902 Bloomington, MN 55438-0902

Cit Bank/Comenity Capital Bank Masseys American Coradius International P. O. Box 2822 35A Rust Lane Monroe, WI 53566-8022

Boerne, TX 78006-8202

Amazon.com Synchrony Bank Attn: Bankruptcy Dept P. O. Box 965060 Orlando, FL 32896-5060

Credit One Bank Massevs P. O. Box 98873 IC Systems Las Vegas, NV 89193 444 Highway 96 East

> P. O. Box 64378 St. Paul, MN 55164-0378

Credit One Bank, NA Amazon.com Crown Asset Management Midland Credit Management, Inc Customer Service 3100 Breckenridge Blvd., Ste 71 2365 Northside Drive, Ste 300 P. O. Box 9201 San Diego, CA 92108 Duluth, GA 30096

Merrick Bank Old Bethpage, NY 11804

Amazon.com/Synchrony Bank Dr. Kevin Eschmeyer, DMD Midwest Ent Consultants Ltd Account Resolution Associates 1825 Wehrli Road 9301 Corbin Avenue, Ste 1600 Northridge, CA 91324-2508

Naperville, IL 60565-9317

0N025 Winfield Road, Ste 519

Winfield, IL 60190

Avenue Comenity Bank Bankruptcy Department P. O. Box 182125 Columbus, OH 43218-2125

Edward Hospital 5620 Southwiyck Blvd., Ste 206 P. O. Box 9635 Toledo, OH 43614

Edwards Hospital & Health Servi Old Navy

Navient United Collection Bureau, Inc Department of Education Loan Se: Wilkes-Barre, PA 18773-9635

Capital One Auto Finance P. O. Box 60511 CIty of Industry, CA 91716-0511 Naperville, IL 60540-7060

801 S Washington Street

Synchrony Bank Attn: Bankruptcy Department

P. O. Box 530942 Atlanta, GA 30353-0942

Capital One Bank P. O. Box 30285 Salt Lake City, UT 84130-0285 Harrisburg, PA 17106-9184

FedLoan Servicing P. O. Box 69184

Old Navy Allied Interstate LLC P. O. Box 361445 Columbus, OH 43236

Capital One Bank Client Services 3451 Harry S Truman Blvd St. Charles, MO 63301-4047

Ginny's 112 7th Avenue Monroe, WI 53566-1364 Old Navy Crown Asset Management, LLC 3100 Breckenridge Blvd., Ste 72 Duluth, GA 30096

Capital One Bank Firstsource Advantage, LLC 205 Bryant Woods South Amherst, NY 14228

P. O. Box 3043 Milwaukee, WI 53201-3043

Old Navy/Synchrony Bank D & A Services 1400 E Touhy Avenue, Ste G2 Des Plaines, IL 60018

PayPal Credit
P. O. Box 5138
Timonium, MD 21094

Pro Sports & Spinal Reh Collection Professionals, Inc 723 First Street LaSalle, IL 61301-2535

Seventh Avenue 112 7th Avenue Monroe, WI 53566-1364

Toys R Us
Synchrony Bank
Attn: Bankruptcy Dept.
P. O. Box 965060
Orlando, FL 32896-5060